

VERNEMENT DU CANADA  
BUREAU REGIONAL DES  
ALLOCATIONS FAMILIALES  
SECURITE DE LA VIEILLESSE  
Ministère de la Santé nationale  
et du Bien-être social



CANADA

GOVERNMENT OF CANADA  
REGIONAL OFFICE  
FAMILY ALLOWANCES  
OLD AGE SECURITY  
Department of National Health  
and Welfare



*Handwritten signature/initials*

*Mr. S. Redout*

*71 Rowanwood Ave  
Toronto, 5*

AU MAÎTRE DE POSTE:  
SI NON LIVRÉE PROMPTEMENT,  
VEUILLEZ RETOURNER AU POINT  
D'EXPÉDITION.

TO POSTMASTER:  
IF NOT DELIVERED PROMPTLY,  
PLEASE RETURN TO POINT OF  
MAILING.

VEUILLEZ NOUS AVISER PROMPTEMENT DE TOUT CHANGEMENT D'ADRESSE - PLEASE ADVISE CHANGE OF ADDRESS PROMPTLY.

P. A. 25









DEPARTMENT OF NATIONAL HEALTH AND WELFARE

**OLD AGE SECURITY DIVISION**

25 St. Clair Avenue East, Toronto 7, Ontario

• Estate of the Late  
M. Kathleen Parlow.  
129 Major St.  
Toronto, Ont.  
•

Date: *Sept. 9/63*

Old Age Security

Account Number is

S. *343417*

(Please quote in future  
correspondence)

It is with regret that we learn of the death of

*M. Kathleen Parlow.*

The estate of a deceased Old Age Security pensioner is entitled to the full pension payment for the month of death. Any uncashed pension cheques should be returned to this office in order that they may be remade.

Will you, therefore, kindly arrange to have the reverse side of this letter completed by the Executor, Administrator, or the next of kin, and return the form together with any uncashed cheques, in order that the amount due may be paid to the estate or to the person responsible for the administration of the deceased's affairs.

Your early attention to this matter will be appreciated and will enable us to pay the amount owing with the minimum of delay.

*G. Mallard*  
W.F. Hendershot,  
Regional Director  
of Old Age Security.  
*W.F.*

Est. 121  
10-5-62



PART I (To be completed in all cases)

1. Date of Death. . . . . Place of Death. . . . .
2. Name and address of Funeral Director . . . . .
3. Did the deceased pensioner leave a Will? Yes . . . . . No. . . . .
4. Name and address of legally appointed personal representative (Executor or Administrator) . . . . .
5. Name and address of Informant . . . . .

PART II (To be completed only where there is no legally appointed personal representative (Executor or Administrator).

1. Name and Address of next of kin . . . . .
2. Who paid funeral expenses? . . . . . Relationship. . . . .  
Address . . . . .
3. Who paid Medical expenses? . . . . .  
Address . . . . .
4. Who paid other expenses, including food, lodging, maintenance etc?  
Name . . . . . Address. . . . .

Indemnity Agreement

WHEREAS . . . . . of . . . . .  
a pensioner within the meaning of the Old Age Security Act, died at . . . . .  
on or about the . . . . . day of . . . . ., 19. . . . .;

AND WHEREAS I am advised and do firmly believe that no personal representative has been appointed to administer the estate of the said pensioner;

AND WHEREAS, under the provisions of the said Act, there was due, owing and payable to the said pensioner at the time of his death one or more monthly pension payments:

NOW, THEREFORE, I . . . . . of . . . . .  
in the County of . . . . ., and the Province of . . . . .  
in consideration of payment to me of any monies so due, owing and payable to the said pensioner under the said Act, DO HEREBY UNDERTAKE AND AGREE to deal with the same in the same manner and subject to the same terms, conditions, rights and obligations as would pertain were I a duly appointed personal representative, executor or administrator of the said Estate, and to account respecting the disposition of any such monies, as may be required of me by the Director of Old Age Security or a personal representative, executor or administrator of the said Estate now or any time hereafter appointed; and I further agree to indemnify and save harmless Her Majesty the Queen in right of Canada from all manner of actions, claims, demands, damages and expenses in connection with or in any way arising out of such payment.

IN WITNESS WHEREOF I execute this document under seal this . . . . . day of . . . . . 19 . . . . .

SIGNED, SEALED AND DELIVERED  
In the presence of )

Signature of Witness )

Address of Witness )

Signature . . . . . (SEAL)

Occupation of Witness

(Preferably a magistrate, notary, doctor,  
bank manager, clergyman, funeral director,  
etc.)

2017  
26-9-62